Form **8879**

(Rev. January 2021)

Department of the Treasury Internal Revenue Service

IRS e-file Signature Authorization

▶ ERO must obtain and retain completed Form 8879.

► Go to www.irs.gov/Form8879 for the latest information.

OMB No. 1545-0074

| - Internal n | leveliue Selvice | | | | | | | | |
|---|--|--|--|--|--|---|---|--|--|
| Submis | ssion Identification Number (SID) | | | | | | | | |
| Taxpayer | r's name | | Social se | curity nun | nber | | | | |
| AKSH | IAYA MANIMARAN | | 023-97-3760 | | | | | | |
| Spouse's | s name | Spouse's social security number | | | | | | | |
| Part | Tax Return Information — Tax Year Ending December 31, 2021 | (Enter | vear vo | u are a | ıthori | izina.) | | | |
| | whole dollars only on lines 1 through 5. | | <i>y</i> = 0 <i>y</i> = | | | | | | |
| | Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank. | | | | | | | | |
| 1 . | Adjusted gross income | | | . 1 | | 28, | 554. | | |
| 2 | Total tax | | | . 2 | | 1, | 688. | | |
| 3 | Federal income tax withheld from Form(s) W-2 and Form(s) 1099 | | | . 3 | | 3, | 611. | | |
| | Amount you want refunded to you | | | | | 1, | 923. | | |
| | Amount you owe | | | . 5 | | | | | |
| Part I | Taxpayer Declaration and Signature Authorization (Be sure you ge | et and k | eep a c | opy of | your | retur | n) | | |
| to send for any of Agent to payment authorize payment business taxes to persona | original or amended) I am now authorizing. I consent to allow my intermediate service provided my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution accut of my federal taxes owed on this return and/or a payment of estimated tax, and the financial action is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to the J.S. Treasury Financial Agent at 1-888-353-4537. Payment cancellas so days prior to the payment (settlement) date. I also authorize the financial institutions involved the confidential information necessary to answer inquiries and resolve issues related all identification number (PIN) below is my signature for the income tax return (original or amenic Funds Withdrawal Consent. | on for rejective the U.S. count indiction institution terminate attion required in the part to the part of the par | ction of the S. Treasu cated in the to debit the authorsts must processing ayment. I | ne transmane transmane tax present the entry orization. It be receipt of the further a | design de | , (b) the nated Fon soft saccouvoke (con later nic pay redge | e reason inancial ware for int. This ancel) a than 2 ment of that the | | |
| | yer's PIN: check one box only | | | | | | | | |
| X | lauthorize GLOBAL TAXES LLC to enter or get | enerate n | nv PIN | 7 3 | 7 6 | 0 | as my | | |
| | ERO firm name signature on the income tax return (original or amended) I am now authorizing. | | ., | Enter fiv don't en | | | , | | |
| | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below. | | | | | | | | |
| Your si | gnature ▶ D | ate ► _ | | | | | | | |
| Snouse | e's PIN: check one box only | | | | | | | | |
| | I authorize to enter or ge | enerate m | ny PIN | | | | as my | | |
| Ш | ERO firm name | oriorato ii | .y | Enter fiv | e digits | , but | ao iniy | | |
| | signature on the income tax return (original or amended) I am now authorizing. | | | don't en | ter all z | eros | | | |
| | I will enter my PIN as my signature on the income tax return (original or amended if you are entering your own PIN and your return is filed using the Practitioner P below. | | | | | | | | |
| Spouse | e's signature ▶ D | ate > | | | | | | | |
| | Practitioner PIN Method Returns Only—continue | below | | | | | | | |
| Part II | Certification and Authentication — Practitioner PIN Method Only | | | | | | | | |
| ERO's | EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. | 5 8 | 7 2 | 7 8 6 | 1 | 9 8 | 9 | | |
| | | | Don't | enter all | zeros | | | | |
| authoriz | that the above numeric entry is my PIN, which is my signature for the electronic individual in that the above numeric entry is my PIN, which is my signature for the electronic individual in the text to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I are nents of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the text of the Practitioner PIN method and Pub. 1345 , Handbook for Authorized IRS e-file Provided in the text of | am submit | tting this | return in | accor | dance | | | |
| ERO's | signature ▶ D | ate ► | | | | | | | |
| | ERO Must Retain This Form — See Instruct | ions | | | | | | | |
| | Don't Submit This Form to the IRS Unless Requeste | | o So | | | | | | |

Department of the Treasury – Internal Revenue Service (99)
U.S. Nonresident Alien Income Tax Return 2021 OMB No. 1545-0074 IRS Use Only – Do not write or staple in this space.

| Filing Status | | ☑ Single | | | | | | | | | | | | |
|------------------------------|---------|---|---------|---------------|---------------------------|--------------|----------------|----------|------------|-------|--|----------|----------------|---------|
| Check only one box. | | alifying person is a child but not yo | | | | | | | | | | | | |
| Your first name | and r | middle initial | L | _ast na | ame | | | | | | Your identifying number (see instructions) | | | ber |
| AKSHAYA | | | ı | MANI | MARAN | | | | | | 023- | 97 | 7-3760 | |
| Home address (i | numk | per and street or rural route). If you | ı have | a P.O |). box, see inst | ructions. | | | Apt. no |). | Check i | f: | X Individua | al |
| 1809 GREY | MOU | TH RD | | | | | | | 401 | | | - 1 | Estate o | r Trust |
| City, town, or pos | st offi | ce. If you have a foreign address, als | so cor | nplete | spaces below. | State | | ZIP cc | de | | | | | |
| CHARLOTTE | | | | | | NC | | 2826 | 2 | | | | | |
| Foreign country | nam | е | Fore | ign pro | ovince/state/co | unty | | Foreig | n postal | code | | | | |
| At any time durir | ng 20 | 021, did you receive, sell, exchang | e, or o | otherw | ise dispose of | any finano | cial intere | est in a | ny virtual | curre | ncy? | | ☐ Yes | X No |
| | | | | | | | | | | | | | | |
| Dependents | | | | | | | | | | (4) | ✓ if qua | lifie | s for (see ins | st.): |
| (see instructions): | | (d) First range | | | (2) Depend | | | epend | | l | d tax cred | | Credit for | other |
| | | (1) First name Last na | ше | | identifying r | umber | relatio | onship 1 | o you | | | | depende | ents |
| f more than four | | | | | | | | | | | | | | |
| dependents, see | | | | | | | | | | | | _ | | |
| nstructions and check here ► | | | | | | | | | | | $\overline{\Box}$ | _ | | |
| | 1a | Wages, salaries, tips, etc. Attach | Form | n(c) \\\ | <u> </u> | | | | | | . 1a | \top | 30,2 | 240 |
| Income Effectively | b | Scholarship and fellowship grant | | ` ' | | | | | | | | + | 30,2 | 110. |
| Connected | c | Total income exempt by a treaty | | | . , | | 1 | | c mondo | 10113 | . 15 | | | |
| With U.S. | · | L, line 1(e) | | | dule Of (Form | 1040-111 |), item | 1c | | | | | | |
| Trade or | 2a | Tax-exempt interest | 2a | İ | | b Tax | ເ able inte | | | | . 2b | | | |
| Business | 3a | Qualified dividends | 3a | | | | dinary div | | | | | | | |
| Buomioco | 4a | IRA distributions | 4a | | | | able am | | | | | | | |
| | 5a | Pensions and annuities | 5a | | | b Tax | able am | ount . | | | . 5b | | | |
| | 6 | Reserved for future use | | | | | | | | | . 6 | | | |
| | 7 | Capital gain or (loss). Attach Sch | edule | D (Fo | rm 1040) if req | uired. If no | ot require | ed, che | ck here . | ▶ [| 7 | | 3 | 314. |
| | 8 | Other income from Schedule 1 (F | orm | 1040), | line 10 | | | | | | . 8 | | | |
| | 9 | Add lines 1a, 1b, 2b, 3b, 4b, 5b, | 7, and | d 8. Th | nis is your tota l | effective | ly conne | ected i | ncome . | . 1 | 9 | | 31,0 |)54. |
| • | 10 | Adjustments to income: | | | | | | | | | | | | |
| | а | From Schedule 1 (Form 1040), lin | ne 26 | | | | | 10a | 2 | 2,500 |). | | | |
| | b | Reserved for future use | | | | | | 10b | | | | | | |
| | С | Scholarship and fellowship grant | s exc | luded | | | [| 10c | | | | | | |
| | d | Add lines 10a and 10c. These are | e you | r total | adjustments t | o income | | | | . 1 | ▶ 10d | <u> </u> | | 500. |
| • | 11 | Subtract line 10d from line 9. Thi | s is yo | our ad | justed gross i | ncome | | | | . 1 | 11 | _ | 28,5 | 554. |
| • | 12a | Itemized deductions (from Schresidents of India, standard deductions) | | | | | | 12a | 1: | 2,55 | 0. | | | |
| | b | Charitable contributions for certa | in res | idents | of India. See ir | structions | s . | 12b | | 30 | 0. | | | |
| | С | Add lines 12a and 12b | | | | | | ٠, | | | . 120 | _ | 12,8 | 350. |
| - | 13a | Qualified business income deduc | ction f | from F | orm 8995 or Fo | orm 8995- | Α. | 13a | | | | | | |
| | b | Exemptions for estates and trust | s only | /. See | instructions | | [| 13b | | | | | | |
| | С | | | | | | | | | | . 13c | - | | |
| • | 14 | Add lines 12c and 13c | | | | | | | | | . 14 | | 12,8 | 350. |

Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

BAA

15,704.

15

| Form 1040-NR (| 2021) | | | | | | | | | | | | Page 2 |
|----------------------|---|---|-----------------------|-------------------------|-----------------|----------|----------------|------------|--------------------------|----------|---------|-----------------|-----------|
| | 16 | Tax (see instructions). Check if | any from Form | (s): 1 8 | 814 2 [| 4972 | 2 3 | | | 16 | | 1, | 688. |
| | 17 | Amount from Schedule 2 (Forn | n 1040), line 3 | | | | | | | 17 | | | 0. |
| | 18 | Add lines 16 and 17 | | | | | | | | 18 | | 1, | ,688. |
| | 19 Nonrefundable child tax credit or credit for other dependents from Schedule 8812 (Form 1040) | | | | | | | | | 19 | | | |
| | 20 | Amount from Schedule 3 (Forn | n 1040), line 8 | | | | | | | 20 | | | |
| | 21 | Add lines 19 and 20 | | | | | | | | 21 | | | |
| | 22 | Subtract line 21 from line 18. It | f zero or less, | enter -0 | | | | | | 22 | | 1, | ,688. |
| | 23a | Tax on income not effectively from Schedule NEC (Form 104 | | | | | 23a | | | | | | |
| | b | Other taxes, including self-em line 21 | | | • | , . | 23b | | | | | | |
| | С | Transportation tax (see instruc | tions) | | | | 23c | | | | | | |
| | d | Add lines 23a through 23c . | | | | | | | | 23d | | | |
| | 24 | Add lines 22 and 23d. This is y | our total tax | | | | | | . • | 24 | | 1, | 688. |
| | 25 | Federal income tax withheld fr | om: | | | | | | | | | | |
| | а | Form(s) W-2 | | | | | 25a | 3 | 3,611. | | | | |
| | b | Form(s) 1099 | | | | | 25b | | | | | | |
| | С | Other forms (see instructions) | | | | | 25c | | | | | | |
| | d | Add lines 25a through 25c . | | | | | | | | 25d | | 3, | 611. |
| | е | Form(s) 8805 | | | | | | | | 25e | | | |
| | f | Form(s) 8288-A | | | | | | | | 25f | | | |
| | g | Form(s) 1042-S | | | | | | | | 25g | | | |
| | 26 | 2021 estimated tax payments | and amount a | pplied from 20 | 020 return . | | | | | 26 | | | |
| | 27 | Reserved for future use | | | | | 27 | | | | | | |
| | 28 | Refundable child tax credit o 8812 (Form 1040) | r additional cl | | | | 28 | | | | | | |
| | 29 | Credit for amount paid with Fo | rm 1040-C | | | | 29 | | | | | | |
| | 30 | Reserved for future use | | | | | 30 | | | | | | |
| | 31 | Amount from Schedule 3 (Forn | n 1040), line 1 | 5 | | | 31 | | | | | | |
| | 32 | Add lines 28, 29, and 31. Thes | e are your tot | al other paym | ents and r | efunda | ble cre | dits | | 32 | | | |
| | 33 | Add lines 25d, 25e, 25f, 25g, 2 | 6, and 32. The | ese are your t o | otal payme | nts . | | | | 33 | | 3, | 611. |
| Refund | 34 | If line 33 is more than line 24, | subtract line 2 | 4 from line 33 | . This is the | amoun | t you o | verpaid | | 34 | | 1, | 923. |
| | 35a | Amount of line 34 you want re | funded to yοι | ı. If Form 888 | 3 is attache | d, chec | k here | | ▶ □ | 35a | | 1, | 923. |
| Direct deposit? | ▶b | Routing number 0 2 1 | 2 0 2 3 | 3 7 | ▶ c Type | e: X | Checki | ng 🗌 | Savings | | | | |
| See instructions. | ▶ d | Account number 3 1 7 | 8 5 9 1 | L 0 3 | | | | | | | | | |
| | ▶ e | | | | | | | | | | | | |
| | 36 | Amount of line 34 you want ap | plied to your | 2022 estimat | ed tax . | • | 36 | | | - | | | |
| Amount | 37 | Amount you owe. Subtract lin | ne 33 from line | 24. For detail | s on how to | pay, s | ee instr | uctions | . ▶ | 37 | | | |
| You Owe | 38 | Estimated tax penalty (see inst | tructions) . | | | • | 38 | | | | | | |
| Third Party Designee | , | ou want to allow another anstructions | • | scuss this r | eturn with | the I | RS? ▶ [| Yes. (| Complete | below. | × | No | |
| Designee | Desig | | | Phone no. ▶ | | | | | nal identifi er (PIN) | cation | | | |
| Sign | | penalties of perjury, I declare that I they are true, correct, and complete | | | | | | l statemer | nts, and to | | | | |
| Here | Your signature Date Your occupation If the | | | | | I . | IRS se | , | | , | | | |
| | BUSINESS ANALYS | | | | | 300 | I | ection I | PIN, en | ter it l | nere | | |
| | D': | | | Face the Lit | | 100 A | иАГХ |) T | (see | inst.) ▶ | | Ш | |
| | Phone | | Preparer's sig | Email addres | SS | | Data | | PTIN | | Char | l. :£- | |
| Paid | | rer's name | | _ | aure - | | Date | /0000 | | 2722 | Chec | | anlesse - |
| Preparer | SYAM PRIYA RAM SAGAR GUPTA TALLAM SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/01/2022 P02082 | | | | | | | | | | nployed | | |
| Use Only | | s name ► GLOBAL TAXES | | ~ ' | | | | | Phone n | | | | |
| - | Firm's address ► 2530 Pebble Creek Ln Cumming GA 30041 Firm's E | | | | | | | | | IIV ► 3 | O - T O | $\perp 1 \perp$ | ソロ |

SCHEDULE 1 (Form 1040)

Additional Income and Adjustments to Income

OMB No. 1545-0074

2021

Attachment Sequence No. 01

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040, 1040-SR, or 1040-NR
AKSHAYA MANIMARAN

Your social security number
023-97-3760

| Par | t I Additional Income | | | |
|-----|---|---------------|----|--|
| 1 | Taxable refunds, credits, or offsets of state and local income taxes | | 1 | |
| 2a | Alimony received | | 2a | |
| b | Date of original divorce or separation agreement (see instructions) ▶ | | | |
| 3 | Business income or (loss). Attach Schedule C | | 3 | |
| 4 | Other gains or (losses). Attach Form 4797 | | 4 | |
| 5 | Rental real estate, royalties, partnerships, S corporations, tru Schedule E | | 5 | |
| 6 | Farm income or (loss). Attach Schedule F | | 6 | |
| 7 | Unemployment compensation | | 7 | |
| 8 | Other income: | | | |
| а | Net operating loss | 8a () | | |
| b | Gambling income | 8b | | |
| С | Cancellation of debt | 8c | | |
| d | Foreign earned income exclusion from Form 2555 | 8d () | | |
| е | Taxable Health Savings Account distribution | 8e | | |
| f | Alaska Permanent Fund dividends | 8f | | |
| g | Jury duty pay | 8g | | |
| h | Prizes and awards | 8h | | |
| i | Activity not engaged in for profit income | 8i | | |
| j | Stock options | 8j | | |
| k | Income from the rental of personal property if you engaged in the rental for profit but were not in the business of renting such property | 8k | | |
| I | Olympic and Paralympic medals and USOC prize money (see instructions) | 81 | | |
| m | Section 951(a) inclusion (see instructions) | Bm | | |
| n | Section 951A(a) inclusion (see instructions) | 8n | | |
| 0 | Section 461(I) excess business loss adjustment | 80 | | |
| р | Taxable distributions from an ABLE account (see instructions). | 8p | | |
| z | Other income. List type and amount ▶ | 8z | | |
| 9 | Total other income. Add lines 8a through 8z | | 9 | |
| 10 | Combine lines 1 through 7 and 9. Enter here and on Form 10 1040-NR, line 8 | | 10 | |

Schedule 1 (Form 1040) 2021 Page **2**

| Par | t II Adjustments to Income | | | |
|-----|--|-------------|-----|--------|
| 11 | Educator expenses | | 11 | |
| 12 | Certain business expenses of reservists, performing artists, and fee-officials. Attach Form 2106 | • | 12 | |
| 13 | Health savings account deduction. Attach Form 8889 | | 13 | |
| 14 | Moving expenses for members of the Armed Forces. Attach Form | 3903 | 14 | |
| 15 | Deductible part of self-employment tax. Attach Schedule SE | | 15 | |
| 16 | Self-employed SEP, SIMPLE, and qualified plans | | 16 | |
| 17 | Self-employed health insurance deduction | | 17 | |
| 18 | Penalty on early withdrawal of savings | | 18 | |
| 19a | Alimony paid | | 19a | |
| b | Recipient's SSN | > | | |
| С | Date of original divorce or separation agreement (see instructions) | · | | |
| 20 | IRA deduction | | 20 | |
| 21 | Student loan interest deduction | | 21 | 2,500. |
| 22 | Reserved for future use | | 22 | |
| 23 | Archer MSA deduction | | 23 | |
| 24 | Other adjustments: | | | |
| а | Jury duty pay (see instructions) | 24a | | |
| b | Deductible expenses related to income reported on line 8k from the rental of personal property engaged in for profit | 24b | | |
| С | Nontaxable amount of the value of Olympic and Paralympic medals and USOC prize money reported on line 8l | 24c | | |
| d | Reforestation amortization and expenses | 24d | | |
| е | Repayment of supplemental unemployment benefits under the Trade Act of 1974 | 24e | | |
| f | Contributions to section 501(c)(18)(D) pension plans | 24f | | |
| g | Contributions by certain chaplains to section 403(b) plans | 24g | | |
| h | Attorney fees and court costs for actions involving certain unlawful discrimination claims (see instructions) | 24h | | |
| i | Attorney fees and court costs you paid in connection with an award from the IRS for information you provided that helped the IRS detect tax law violations | 24i | | |
| j | Housing deduction from Form 2555 | 24j | | |
| k | Excess deductions of section 67(e) expenses from Schedule K-1 (Form 1041) | 24k | | |
| Z | Other adjustments. List type and amount ▶ | 24z | | |
| 25 | Total other adjustments. Add lines 24a through 24z | | 25 | |
| 26 | Add lines 11 through 23 and 25. These are your adjustments there and on Form 1040 or 1040-SR, line 10, or Form 1040-NR, line | | 26 | 2,500. |

SCHEDULE NEC (Form 1040-NR)

Tax on Income Not Effectively Connected With a U.S. Trade or Business

Attachment

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service (99)

Name shown on Form 1040-NR

▶ Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

Sequence No. 7B

Your identifying number

AKSHAYA MANIMARAN 023-97-3760 Enter amount of income under the appropriate rate of tax. See instructions. (d) Other (specify) (a) 10% **Nature of Income** (c) 30% **(b)** 15% % % Dividends and dividend equivalents: Dividends paid by U.S. corporations 1a 1b Dividend equivalent payments received with respect to section 871(m) transactions 1c 2 Interest: 2a 2b 2c 3 3 4 Motion picture or TV copyright royalties Other royalties (copyrights, recording, publishing, etc.) . . . 5 Real property income and natural resources royalties 6 7 8 9 10 Gambling-Residents of Canada only. Enter net income in column (c). If zero or less, enter -0-. Winnings _____ 10c Losses Gambling winnings—Residents of countries other than Canada. 11 12 Other (specify) ▶ 12 13 Add lines 1a through 12 in columns (a) through (d) 13 14 14 15 Tax on income not effectively connected with a U.S. trade or business. Add columns (a) through (d) of line 14. Enter the total here and on Form 1040-NR, line 23a ▶ Capital Gains and Losses From Sales or Exchanges of Property Enter only the capital gains and 16 (a) Kind of property and description (f) LOSS (g) GAIN (b) Date acquired (c) Date sold (d) Sales price (e) Cost or losses from property sales or (if necessary, attach statement of If (e) is more than (d), If (d) is more than (e), mm/dd/yyyy mm/dd/yyyy other basis exchanges that are from sources descriptive details not shown below) subtract (d) from (e). subtract (e) from (d). within the United States and not effectively connected with a U.S. business. Do not include a gain or loss on disposing of a U.S. real property interest; report these gains and losses on Schedule D (Form 1040). Report property sales or exchanges that are effectively connected with a U.S. business 17 Add columns (f) and (g) of line 16 on Schedule D (Form 1040). 18 Capital gain. Combine columns (f) and (g) of line 17. Enter the net gain here and on line 9 above. If a loss, enter -0-. • 18 Form 4797, or both.

SCHEDULE OI (Form 1040-NR)

Other Information

► Go to www.irs.gov/Form1040NR for instructions and the latest information. ► Attach to Form 1040-NR.

OMB No. 1545-0074 Attachment Sequence No. **7C**

Your identifying number

Department of the Treasury Internal Revenue Service (99) ► Answer all questions. Name shown on Form 1040-NR

| AKS: | HAYA MANIMARAN | | | | 023-97-3 | 760 | | | | | | |
|---|---|-------------------------|-----------------------|------------------------------|------------------|------------------|-------------|--|--|--|--|--|
| Α | Of what country or countries were you | a citizen or national d | luring the tax y | ear? INDIA | | | | | | | | |
| В | In what country did you claim residence for tax purposes during the tax year? India | | | | | | | | | | | |
| С | Have you ever applied to be a green ca | rd holder (lawful pern | nanent resider | | | | ⊠ No | | | | | |
| D | Were you ever: | | | | | | | | | | | |
| 1. | A U.S. citizen? | | | | | ☐ Yes | ⊠ No | | | | | |
| 2. | A green card holder (lawful permanent i | resident) of the United | d States? . | | | ☐ Yes | ⊠ No | | | | | |
| | If you answer "Yes" to (1) or (2), see Pu | b. 519, chapter 4, for | expatriation r | ules that apply to you. | | | | | | | | |
| E | If you had a visa on the last day of the tax year, enter your visa type. If you did not have a visa, enter your U.S. immigration status on the last day of the tax yearF1 | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| | If you answered "Yes," indicate the date and nature of the change ▶ | | | | | | | | | | | |
| G | List all dates you entered and left the United States during 2021. See instructions. | | | | | | | | | | | |
| | Note: If you are a resident of Canada o | • | | | ent intervals. | | | | | | | |
| | check the box for Canada or Mexico | | | | ☐ Mexico | | | | | | | |
| | Date entered United States Date de | parted United States |] [| Date entered United State | s Date depa | rted United | d States | | | | | |
| | mm/dd/yy | mm/dd/yy | | mm/dd/yy | | nm/dd/yy | | | | | | |
| | | | 1 | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| | | | 1 1 | | | | | | | | | |
| | | | 1 1 | | | | | | | | | |
| н | Give number of days (including vacation, | nonworkdays, and pa | ∟ artial davs) vou | were present in the United | States during: | | | | | | | |
| | 2019, 202 | | | | | | | | | | | |
| ı | Did you file a U.S. income tax return for | | | | | X Yes | □No | | | | | |
| - | If "Yes," give the latest year and form n | | | | | | | | | | | |
| J | Are you filing a return for a trust? | | | 10 10111 | | ☐ Yes | ⊠ No | | | | | |
| | If "Yes," did the trust have a U.S. or fo | | | | | | | | | | | |
| | U.S. person, or receive a contribution fr | | | | | Yes | ☐ No | | | | | |
| K | Did you receive total compensation of \$ | | | | | ☐ Yes | ⊠ No | | | | | |
| • | If "Yes," did you use an alternative met | | | | | Yes | □No | | | | | |
| L | Income Exempt From Tax—If you are complete (1) through (3) below. See Pul | claiming exemption | from income | tax under a U.S. income | | _ | _ | | | | | |
| 1. | | | | | claimed the tre | atv henefi | t and the | | | | | |
| | amount of exempt income in the column | | | | olamica trio tre | aty borion | i, and inc | | | | | |
| | (a) Country | (l | b) Tax treaty art | ticle (c) Number of month | ns (d) Am | Amount of exempt | | | | | | |
| | | | | claimed in prior tax ye | ars income i | n current ta | ax year | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | (e) Total. Enter this amount on Form 1 | 040-NR, line 1c. Do r | not enter it on I | ine 1a or line 1b | > | | | | | | | |
| 2. | Were you subject to tax in a foreign cou | untry on any of the inc | come shown ir | n 1(d) above? | | ☐ Yes | ☐ No | | | | | |
| 3. | Are you claiming treaty benefits pursua | nt to a Competent Au | uthority determ | nination? | | ☐ Yes | ⊠ No | | | | | |
| | If "Yes," attach a copy of the Competer | nt Authority determina | ation letter to y | our return. | | | | | | | | |
| М | Check the applicable box if: | | _ | | | | | | | | | |
| 1. | This is the first year you are making an | election to treat inco | me from real p | roperty located in the Unit | ed States as ef | ectively c | onnected | | | | | |
| | with a U.S. trade or business under sec | | | | | | . • | | | | | |
| 2. | You have made an election in a previous | | | | | | | | | | | |
| | States as effectively connected with a l | J.S. trade or business | s under sectio | n 8/1(d). See instructions . | | | | | | | | |

SCHEDULE D (Form 1040)

Capital Gains and Losses

OMB No. 1545-0074

Attachment Sequence No. 12

Department of the Treasury Internal Revenue Service (99) ► Attach to Form 1040, 1040-SR, or 1040-NR.

▶ Go to www.irs.gov/ScheduleD for instructions and the latest information. ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return Your social security number 023-97-3760

AKSHAYA MANIMARAN Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) Part I See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) lines below. Proceeds Cost to gain or loss from from column (d) and This form may be easier to complete if you round off cents to Form(s) 8949, Part I, combine the result (sales price) (or other basis) whole dollars. with column (g) line 2. column (a) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . **1b** Totals for all transactions reported on Form(s) 8949 with Box A checked 218. 814. 1,032. Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on Form(s) 8949 with Box C checked Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 4 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from 5 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any longterm capital gains or losses, go to Part II below. Otherwise, go to Part III on the back 7 814. Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on the (h) Gain or (loss) (g) Adjustments Subtract column (e) (d) (e) lines below. Proceeds to gain or loss from from column (d) and Cost This form may be easier to complete if you round off cents to Form(s) 8949, Part II, (sales price) (or other basis) combine the result whole dollars. line 2. column (a) with column (a) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . 8b Totals for all transactions reported on Form(s) 8949 with Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on Form(s) 8949 with

11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 11 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 13 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover 14 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then, go to Part III

BAA

15

Schedule D (Form 1040) 2021 Page **2**

Part III **Summary** 16 Combine lines 7 and 15 and enter the result 16 814. • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then, go to line 21. Also be sure to complete • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 22. 17 Are lines 15 and 16 both gains? ☐ **Yes.** Go to line 18. No. Skip lines 18 through 21, and go to line 22. 18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet 18 19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the amount, if any, from line 18 of that worksheet . 19 20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. and 22 below. If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: 21 • The loss on line 16; or 21 • (\$3,000), or if married filing separately, (\$1,500) Note: When figuring which amount is smaller, treat both amounts as positive numbers. Do you have gualified dividends on Form 1040, 1040-SR, or 1040-NR, line 3a? 22 ☐ Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2021
Attachment
Sequence No. 12A

Internal Revenue Service

Name(s) shown on return

Department of the Treasury

Social security number or taxpayer identification number

023-97-3760

AKSHAYA MANIMARAN

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

| | (B) Short-term transactions (C) Short-term transactions | | | | sis wasn't report | ted to the IF | RS | | |
|----------------------------|--|--|-------------------------------------|---|-------------------------------------|--|--|------|---|
| 1 | (a) Description of property | (b) Date acquired | (c) Date sold or | (b) Data sold or | (d) Proceeds | (e) Cost or other basis. See the Note below | Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f). See the separate instructions. | | (h) Gain or (loss). Subtract column (e) |
| (Example: 100 sh. XYZ Co.) | (Mo., day, yr.) | disposed of (Mo., day, yr.) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) | | |
| ROBI | NHOOD SERUTITIES LLC | 01/08/21 | 05/26/21 | 1,032. | 218. | | | 814. | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| ne Sc | stals. Add the amounts in columns gative amounts). Enter each tota hedule D, line 1b (if Box A above ove is checked). or line 3 (if Box 6 | al here and inc is checked), lir | lude on your ne 2 (if Box B | 1.032. | 218. | | | 814. | |

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.